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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS REFORE THE LISPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b) Practitioners associated with the Customer Number: 26263 OR Practitioners associated with the Customer Number: 26263 OR Practitioners associated with the Customer Number: 26263 OR Practitioner(a) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Number Name Registration Number Name Registration Number Number Number Number Number Number Number Number Name Registration Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number |
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| any and all patent applications assigned gray to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CPR 3.73(b). |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 5 73(b) to: |
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| The address associated with Customer Number 28263 |
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| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be |
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the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual wayse signature and title is supplied below is authorized to act on behalf of the assignment Skensture 8/26/05 ENWARD T. FENLISEN Telephone 2.12.314.7334 Name Title Consider. GENERAL

The collection of information is required by 37 CFR 1.51, 1.52 and 1.32. The information is required to obtain or retain a benefit by the public withon is to file (and by the UBPFO to process) as replication. Confidentially is governed by 31 U.S.C. 1.22 and 37 CFR 1.51 and 3.14. This collection is estimated to take 2 meritain to complete information grainedby, prepared, and sharingship memory considerable processing sharings, prepared, and sharingship memory considerable processing on the analysis of the public of FORMS TO THIS ADGRESS. SEND TO: Commissioner for Patents, P.O. Box 1456, Alexandria, VA 22313-1456.

STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner, IAC SEARCH & MEDIA, INC. Application No./Patent No.: 10/047,666 Filed/Issue Date: January 15, 2002 Entitled: ENHANCED POPULARITY RANKING (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) states that it is: the assignee of the entire right, title, and interest; or 2. [an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is... in the patent application/patent identified above by virtue of either: A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel ______ Frame _____ or for which a copy thereof is attached. OR B. | A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below: 1. From: Inventors To: ASK JEEVES, INC. The document was recorded in the United States Patent and Trademark Office at Reel 012508 Frame ub43 or for which a copy thereof is attached. 2. Fram: ASK JEEVES, INC. To: JAC SEARCH & MEDIA, INC. The document was recorded in the United States Patent and Trademark Office at Reel 017876 Frame UU/3 or for which a copy thereof is attached. To The document was recorded in the United States Patent and Trademark Office at Reel ______ or for which a copy thereof is attached. Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached. INOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302 081 The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. /Stephen M. De Klerk/ 09/03/2008 Signature Date Stephen M. De Klerk 650 798 0300 Printed or Typed Name Telephone Number Attorney of Record

This confection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the IBSPTO in processor an application. Confidentiable is personnel by 3.51 Is of 2.2 and 37 CPP H 11 and 1.1 S. This. Anotherize is estimated to take 12 minutes in completion, including gathering, preparing, and submitting the completed application form to the USPTO. Time vall vary depending upon the individual cases. Any commentor to the manural of time vary requires to complete his form annied variageations for readering this businel, studied be sent to the inferroamfor Officer. U.S. Posteri and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THAS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450.

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